

● PRINTER RUSH ●  
(PTO ASSISTANCE)

HCPrinTing

Application : 09/629320

Examiner : Holloway

GAU : 2635

From: bbs

Location: IDC  FME  FDC

Date: 6/21/05

Tracking #: \_\_\_\_\_

Week Date: \_\_\_\_\_

DOC CODE	DOC DATE	MISCELLANEOUS
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<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Fees! There is no fee stamp. Please charge issue fee.

Thank you

[XRUSH] RESPONSE:

Abandon failure to pay issue fee  
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Complete and send this form, together with applicable fee(s), to: Mail

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20280 7590 03/14/2005

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Jennifer Maqness

(Depositor's name)

*Jennifer Maqness*

(Signature)

03/14/05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/629,320	07/31/2000	BRUCE K. SCHORMAN	PF02024NA	4698

TITLE OF INVENTION: CONTEXTUALLY AWARE NETWORK ANNOUNCEMENTS OF PEOPLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOLLOWAY III, EDWIN C	2635	340-573100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Hisashi D. Watanabe

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Motorola, Inc.

Schaumburg, IL

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

## 4b. Payment of fee(s):

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*Hisashi D. Watanabe*

Date 4/14/05

Typed or printed name

Hisashi D. Watanabe

Registration No. 37,465

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